

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
 (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET
 NUMBER
PU3680US2

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS AND COMPOSITIONS RELATED TO MODULATORS
 OF ANNEXIN AND CARTILAGE HOMEOSTASIS**

the specification of which (check only one item below):

[] is attached hereto.

[x] was filed as United States application Serial No. 09/745989 on December 21, 2000 and was amended on (if applicable)

[] was filed as PCT international application Number _____ on _____

and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 and all information which became available between the filing of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	APPLICATION DATE	PRIORITY CLAIMED
1.			
2.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	X
1. 60/173,692	12/29/1999	
2.		

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED

PCT APPLICATIONS DESIGNATING THE U.S.

PCT APPLICATION NO.	PCT FILING DATE	U.S. FILING NUMBERS ASSIGNED (if any)		

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Charles E. Dadswell		Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	Bonnie Deppenbrock	Reg. No. 28,209
Karen L. Prus		Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Elizabeth Selby	Reg. No. 38,298
Robert H. Brink		Reg. No. 36,094	Christopher J. Rogers	Reg. No. 36,344	Lorie Ann Morgan	Reg. No. 38,181
Send Correspondence to: David J. Levy, Patent Counsel Global Intellectual Property Department Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398, Research Triangle Park, NC 27709			 23347 <small>PATENT TRADEMARK OFFICE</small>		Direct Telephone Calls to: Elizabeth Selby PHONE NO.: 919 483-3934	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.						
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME CHUBINSKAYA	FIRST GIVEN NAME Susan	SECOND GIVEN NAME/INITIAL		
	RESIDENCE & CITIZENSHIP	CITY Vernon Hills	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP US		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o Rush-Presbyterian St. Luke's Medical Center, 1653 W. Congress Parkway	CITY Chicago	STATE & ZIP CODE/COUNTRY IL, 600612 US		
201	SIGNATURE	<i>S. Chubinskaya</i>		DATE: 01/25/01		
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME HUTCHINS	FIRST GIVEN NAME Jeff	SECOND GIVEN NAME/INITIAL		
	RESIDENCE & CITIZENSHIP	CITY Chapel Hill	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 309 Colony Woods Drive	CITY Chapel Hill	STATE & ZIP CODE/COUNTRY NC 27514 NC		
202	SIGNATURE			DATE:		
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME MOLLENHAUER	FIRST GIVEN NAME Juergen	SECOND GIVEN NAME/INITIAL		
	RESIDENCE & CITIZENSHIP	CITY Eisenberg	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o University of Jena, Waldkrankenhaus "Rudolf Elle", Klosterlausitzer Street 81	CITY Eisenberg	STATE & ZIP CODE/COUNTRY Germany D-07607		
203	SIGNATURE			DATE:		
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME TAVARES	FIRST GIVEN NAME Francis	SECOND GIVEN NAME/INITIAL X.		
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP India		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US		
204	SIGNATURE			DATE:		
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL A.		
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US		
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205	SIGNATURE			DATE:		
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME WORLEY	FIRST GIVEN NAME Jennings	SECOND GIVEN NAME/INITIAL F.		
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US		
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202	SIGNATURE	<i>J.H. Hutchins</i>			DATE: 1/31/2001
2	FULL NAME OF INVENTOR	FAMILY NAME MOLLENHAUER	FIRST GIVEN NAME Juergen	SECOND GIVEN NAME/INITIAL	
0	RESIDENCE & CITIZENSHIP	CITY Eisenberg	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany	
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2	FULL NAME OF INVENTOR	FAMILY NAME TAVARES	FIRST GIVEN NAME Francis	SECOND GIVEN NAME/INITIAL X.	
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP India	
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204	SIGNATURE				DATE:
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John L. Lemanowicz Bonnie Deppenbrock Elizabeth Selby Lorie Ann Morgan		Reg. No. 37,380 Reg. No. 28,209 Reg. No. 38,298 Reg. No. 38,181		
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203	SIGNATURE <i>Ramir Tavares</i>			DATE: 03/05/01	
2	FAMILY NAME TAVARES	FIRST GIVEN NAME Francis	SECOND GIVEN NAME/INITIAL X.		
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2 0 2	RESIDENCE & CITIZENSHIP Chapel Hill	CITY Chapel Hill	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US		
202	POST OFFICE ADDRESS 309 Colony Woods Drive	CITY Chapel Hill	STATE & ZIP CODE/COUNTRY NC 27514 NC			
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2 0 3	FULL NAME OF INVENTOR MOLLENHAUER	FAMILY NAME MOLLENHAUER	FIRST GIVEN NAME Juergen	SECOND GIVEN NAME/INITIAL		
2 0 3	RESIDENCE & CITIZENSHIP Eisenberg	CITY Eisenberg	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany		
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2 0 4	RESIDENCE & CITIZENSHIP Durham	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP India		
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205	SIGNATURE 				DATE: 3/1/01	
2 0 6	FULL NAME OF INVENTOR WORLEY	FAMILY NAME WORLEY	FIRST GIVEN NAME Jennings	SECOND GIVEN NAME/INITIAL F.		
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o University of Jena, Waldkrankenhaus "Rudolf Elle", Klosterlausnitzer Street 81	CITY Eisenberg	STATE & ZIP CODE/COUNTRY Germany D-07607	
203	SIGNATURE				DATE:
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME TAVARES	FIRST GIVEN NAME Francis	SECOND GIVEN NAME/INITIAL X.	
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP India	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
204	SIGNATURE				DATE:
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL A.	
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
205	SIGNATURE				DATE:
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME WORLEY	FIRST GIVEN NAME Jennings	SECOND GIVEN NAME/INITIAL F.	
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
206	SIGNATURE				DATE: <i>31-Jan-2001</i>